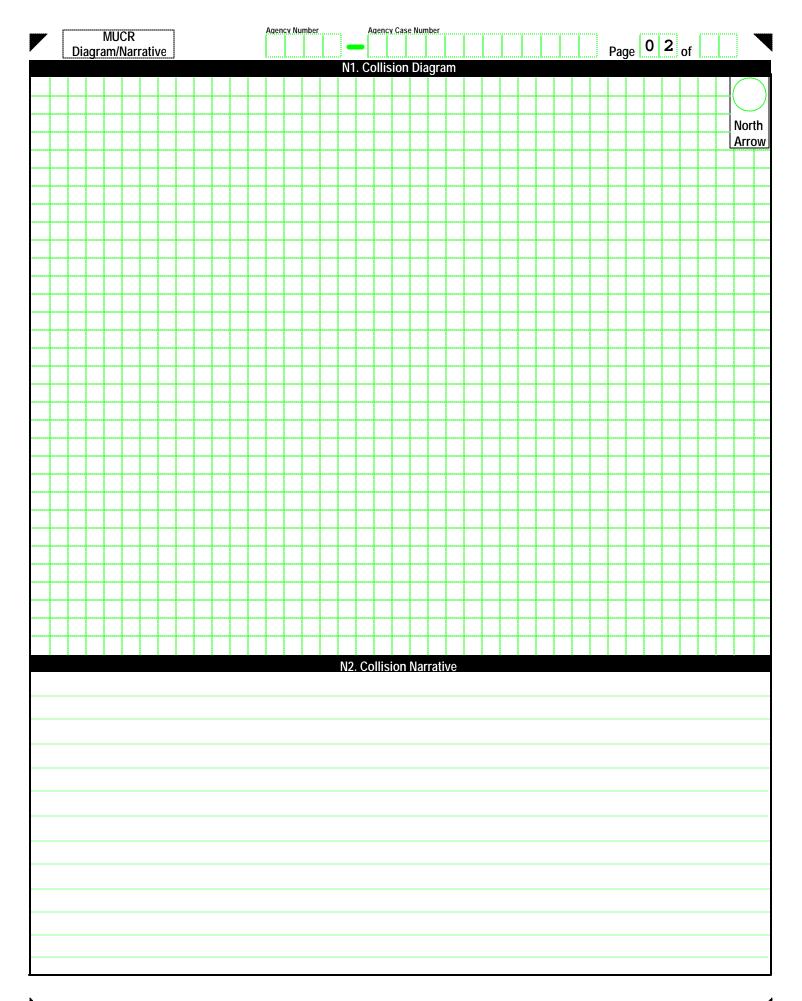
	Agency Number Agency						cy Case Number																
	STATE OF MISSIS UNIFORM CRASH R	-				-											Page	0	1 0	f	Т	•	
Agenc	y Name															G1. (County			Status	s Code	<u> </u>	
																			0	0)	
									G5. (Office	r Tin	ne							С	Р	Į	J	
G3. Re	eported Date (MM/DD/YYYY)		G4. Rep	orted Time	(2400)		Arriva	ıl Time	e (2400)	JIII G (4 Time (2400)		G	6. Vehicles	s (37. Killed	i	G8. I	njured	
	1								П														
											•								. G1	2 Trai	fficflov	v Direction	
G9. Ad	Idress Number G	510. Street Name		$\overline{}$	_		\pm	$\overline{}$	_			$\overline{}$	_			G11.	Hwy/Count	y Road	#	O N		O E	
ш									Ш					Ш				Ш		O S		O W	
G13. In		O F	G15. Directi		ntersecti	ng Street	Name												G17	. Int. H	lwv/Co	unty Road	
O Y			O N O	E		ĬI				П	П								ПΓ	Т	Ť	Ť	
- 14	<u> </u>	О м	O S O	W												_							
G18. C	City Name					-	٦.		19. Latitu	de	_	- -	_	-		G20.	Longitude		_		_	_	
Ш							ון∟	N				ا∙ل			W			JL	Ш			Ш	
Cra	ash with OMV in road:	Non-Crash in Roa	nd		ed Object				O F	Roadw	av		O N	Jone			O	City S	Street				
	Rear end slow or stop	Overturn			Bridge/Cu		10 :							our-way	Inter			-					
	Rear end turn	Jackknife				nent/Ditch		a cita co		JIT-KO	adway			,					Highwa				
	Left turn same roadway	Fell from ve	ehicle	cle Guardrail/Median Barrier						Median	1			- Interse			System	U.S. I	Highwa	у			
C	Left turn cross traffic	Other		0	Tree			9	O F	Roadsi	de	ė,	0 0	Crossove	r		County Road						
	Right turn cross traffic			0	Jtility pol	le/light su	pport	d oct		Should	er	Type	0	Oriveway			Parking Lot/Private Drive						
mful O	Head on	Crash of MV in ro	ad with:	0	Other fixe	ed object		660	2			tion	O F	ive-point	or mor	е	Ros				0 2	• •	
Ξ C	Sideswipe	Pedestrian			Sign Pos					Parking	J LOI	ersec	0 0	Off Ramp			G24.	Interst	ate				
First	Angle	O Parked Veh	icle							Gore On Ramp							Off Road						
G21. First Harmful Event	Hit and run	Train								Path/Trail							State Park						
		Bicyclist		_	- fixed Ob Buildina/0	ject Other Stru	ıcture								ı								
		O Deer		_	-	uip Not		na						RR Xing									
		O Animal (other	or than deer)	_		uip Mo								raffic Cir		und							
		Ariiridi (Otric	a manueer)	0	Other no	n-fixed ob	ject						O Y	' - Interse	ection								
0	Daylight Ory		2)	Clear	□ E	Blown Del	bris		dit									None					
odition O	Dark-Lit Water		dition (2)							VInt V	Vorkz	one R	elated				ype (2)	Interm	nittent o	r Mov	ing W	Vork	
	Water		ondii	Rain	Sel 9								Lane Closure										
ght	Dark-Unlit Dawn Dawn Dawn	lud/Dirt/Oil/Gra	ave O			Within Construction Zone								I and Shift/Crossover									
G25. Light Cor	Dawn & O Ice		Weather	Cloudy		Sleet/Hail				Advai	nce V	Varnin	g Area	ì			9		der/Med				
3	Dusk Snow		7.					9	78. 7								29		ueminet	alali v	VOIK		
	Snow		<u>ა</u>	High wind:	S 🔲 S		\ <i>\\</i> //===	IE C C	ردد) م									Utility					
							WITN	11-00	(E3)														
G30. Fi	rst Name	M L	ast Name					G3	8. First N	lame					7	MI	Last Nan	ne					
								ᆘᆫ							J١								
G31. Ac	ddress		G32	. Phone Nu	mber			G3	9. Addre	ss								G40.	Phone N	umber			
								Ш															
G33. Cit	ty		G34. State	G35. Zip C	ode			G4	1. City								G42. Sta	te G	43. Zip C	ode			
			\Box															7 [
	0 0.=					7		ľ								_			$\overline{}$	т	1		
G3	36. Sex O M O F			G37. Age					G44	. Sex	0 1	VI	O F					G45.	Age				
CA4 F	Badge Number	G47. In	vestigating O	fficer Name	(Please I	Print)			_						G48. C	Officer	Signature						
G40. E	Jauge Numbel																						
ᄖ									<u> </u>														
G49. F	Reviewing Badge Number G50.	Reviewing Office	r Initials						Taken	-	G52. P	hotoara	pher an	d Badge	#								
Ш							Y		O N														



	MUCK	: Agency Number Agency Ca	Se Number	
, D4 D	Person/Occupant Pedestrian Pedestrian	Bicyclist O Skater O Oth	er non-motorist	Page of Hit and Run Driver
P1. P	craon rype C 2o.	P3 State P4. CDL? P5. DOB (M		Shoulder & Lap Belt O None
2. 210	ense n	ON T	1 1	_ Š 🐧 o
D6 Fir	st NameMlastJ	Jame O Y	/ /	Note
10.11	St value	ame	O Valid O Suspended - D	Lap Belt
P7. Ad	drace	P8. Phone Number	Snaper O No License O Learner Permit	UI Lap Belt O Serious Lap Belt O Life Threatening Automated Restraint Shoulder Belt Shoulder Belt Shoulder Belt Not
F7. Au	uress	Po. Priorie Number	No License C Learner Permit	Shoulder Belt Shoulder Belt Not
P9. Cit	v P10. Sta	e P11. Zip Code	Expired	Child Safety Seat Partially
7. 010	, , , , ,		Suspended Other	Helmet 7 Totally
		▎▗		Extricated O N O Y
Φ.	Y # 1	es 1		ĕ OM OF
P13. Cif	2	D15. Offense		
				White Hispanic Black Other
	Not Transported Police Hearse	P17. EMS	P18. Medical	O Black
P16	EMS Private Vehicle	Agency Code	Facility Code	Center Right
_	No Defects Apparent Obviously Intoxicate	O O I II I I I I I	Pushing vehicle	O Danlovad - Front O Not Danlovad
olition O		Entering/Crossing Readway	/ Approaching/leaving vehicle	
CO	 Hit and Run Affected by Exhausi Drinking - Not impaired Using Drugs - Impair 	Fumes S	-	Deployed - Both
P19.		paired 2	cling Playing/working on vehicle	O None O Serum
_	Fell Asleep/Fainted/Fatigue Pending Lab Results	Morking	Standing	Blood Urine
	No Apparent Improper Driving Made I	nproper Turn	Not Visible (Dark Clothing)	O Breath
Ce (3	Failed to Yield Right of Way	Center	Operating Defective Equipment	None given Test given Test qiven, pending
nstar 	Following Too Closely	to keep proper lane/Run off road	Passed Stop Sign	Test refused Test given, pending
	Speed Too Fast For Conditions Avoida	nce	Pedestrian Actions	esult
ing C	Driving Under The Influence Drove	on Wrong Side of Road	Ran Red Light	Drug Test Information
Contributing Circumstance (3)	Animal on Roadway 🔲 Fatigue	d/Asleep	Roadway Defects	O ::
Cont	Faulty Equipment	Crossing Median	■ Visibility Obstructed	O Blood O Urine
P21.	Exceeded Lawful Speed	er Lane Change	☐ Improper Backing	None given Test given, pending
	Improper Passing/Overtaking Lying a	nd/or illegally in roadway	See Crash Description	None given Test given, pending Test refused Test given
00	Vehicle #: 01. First Name	Occu M Last Name		3rd-middle Shoulder and Lap Belt
00.	venicie #. Of. First Name	M Last Name		3rd-right ☑ None
02.4	ddress 03. Address		Front-right	Sleener of Truck Cah
Same	as			Encl. Pass./Cargo Area Unencl. Pass./Cargo Area Shoulder Belt
Perso	O4. City	O5. State	\mathbf{e}	Unencl. Pass./Cargo Area Shoulder Belt
L			NE !! A	Riding on Exterior Child Safety Seat Towed Vhcl./Trailer Helmet
Sex	M & White Hispanic	M A A A A A A A A A A A A A A A A A A A	INOL	i Da
08. O	L . R		Partially Complaint of Pain	O Deployed - Side O No Airbag
	Black Other		Totally Serious O Kill	led Deployed - Both
	tod _X ○ Not 1	ransported O Police O Hearse	O16. EMS	O17. Medical
	Not 1	O Private Vehicle	Agency Code	Facility Code
0-		Occu		Ord middle
00.	Vehicle #: 01. First Name	M Last Name		3rd-middle ☐ Shoulder and Lap Belt ☐ Shoulder and Lap Belt ☐ None
	ddress 03. Address	∟ ∟		3rd-right S None S leeper of Truck Cab E Ap Belt
Same	as			Encl. Pass./Cargo Area Unencl. Pass./Cargo Area Unencl. Pass./Cargo Area Shoulder Belt
Perso	n# O4. City	O5. State	\subseteq	ů .
╽┖		Unborn (NE HEI	Riding on Exterior Child Safety Seat
			O Sid-leit	Towed Vhcl./Trailer Helmet
Sex	M g O White O Hispanic	Extricated N O N N O N N O O O O O O O O O O O O	Not	e Threatening O Deployed - Front O Not Deployed
08. S	Z 010		Partially Complaint of Pain	O Deployed - Side No Airbag
Ĭ	Black Other		Totally Serious O Kill	led Deployed - Both
	0382395460 S O Not 7	ransported O Police O Hearse	<u> </u>	O17. Medical
	0382395460 🚊 🔾 EMS	Private Vehicle	Agency Code	Facility Code

		MUC Vehic		VO. Vehicl	e #: V1. Tota	Occupa	ants	Agency I	vumber	<u> </u>	Owne	cy Case								Pag	j e	of		
V2.	State	V:	3. Year		V4. Licen	ise Plate	Numbe	er	П		Same as Driver	s V12	2. Own		me									
V5.	Make	<u> </u>				_	V6. Mo	del Year	\vdash			V13	3. Add	ress										
V7	Vehic	le Model				ַן ע	V8 Vel	hicle Colo	 r			V14	1. City						V15. St	ate '	V16. Zip	Code		
	Verne	ic woder				\Box	VO. VC	nicie cole					v. City						V13. 3t	ate	- 10. E.P	0000		
1/0	D	0	Heavy	O Ligh	nt O Non		Speed	Zone V	11. Est.	Speed	V19. No of Insu	ırance		Insura	nce Co	mpany	Name		<u> </u>	/18. Polic	y Numb	er		
	Collis	ion w/ Per		le/Non-fixed		Non-C	Collision						ision w	/ Fixe	d Object				O G	oing Straig	ght	O A	voidance	
		00	O An	imal			0			_oss/Sh	ift	ó	0		_		tor/Cushio	n			-	•	01	
	0	00		cyclist intenanc	e Equip.		0 0		Crosso Equipm	ver ent Fail	lure	0	0	0	O Br	-	Structure		O Ma	aking Left	Turn	O Li	ane Chang	e
ents		0 0		ving Veh			0 0			mp from plosion	Vehicle	0	0		O C			Action	O St	opped		O L	eaving Par	king
V20. Sequence of Events	0	000		destrian	1010	0	0 0	0 0	mmers Jackknii	ion		0	0	0		mbanl	kment	hicle A	O Sle	ow/Stop ir	n Road	0 0	vertaking/	Passing
nence	0	0	O Slo	wing Vel		0	o d	0 0	Median/	/Center		o	0	0	O G	uardra		21. Ve	O Pa	nrked		O P	arking Pos	sition
o. Seq	0	00	O Sto	opped Ve	hicle in Roa		0 0			ı/Falling dway/Le	object eft	0	0	0	О м О м		(Barrier	>	•					
V2							0 0			dway/R n/Rollo	-	0	0		PrTr		ole/Suppor	t	О Ва	icking		O IV	aking U T	urn
						0	o c	0 0	Jnit Se _l	paration		Ō	_				ixed Obje	ct	O Ma	aking Righ	nt Turn	O In	Tow	
<u>_</u>	O F	Passenger	r Car	O S	chool Bus		O Tr		over Co	orrectin	g/Steerii	ig	_							N			O None	
guratio		ight Truc			ingle-Unit Truc		_	uck/Traile	er	ontact		의	<u> </u>	9	0	0	O Under	of Trav	***	∢ĭ	ď	Туре	Right	only
V22. Vehicle Configuration	0 9	Stationwaç SUV	gon/van	_	ingle-Unit Truc arm Tractor			mergency ommercia	ven. I Bus	Initial Contact	-			ı		0	Overtu None	≣ Direction of	w¢-			(e	C Left (•
Vehic	O (Motorcycle	е	_	ractor/SemiTra ractor(2)		O A	TV arm Equip		V23.	0	0	0	<u> </u>	0	0	O Other	/24. Dir	sw	$\langle \langle \langle \rangle \rangle$	∑o <u>′</u>	16	BothSepa	
V22.	0				ractor(3)			nknown T			, 0	<u> </u>	<u> </u>	_	<u></u>		Outer	>	-0.00	š			O Signe	
		Channel-P Channel-P		0 0	officer R Flashing Sid	anal	C	Straigh	t/Level		O Bridge	е			_	O 2	Lane	0	3 Lane			O Asp	halt	
De	Ι.	Flag Perso	•	Ī	R Signal and (5	as a	Interse	ct two roa	ads	O Privat	e Drive			d Design	O 4	+	0	Frontage	e/Ramp	Ě	O Con	crete	
V26. Traffic Contro	O F	Flashing S	Signal Red	O S	ignal		d Characte	Straigh	t/Grade		O Curve	e/Hillcres	st		9. Road D	O P	arking Lot	0	One Wa	ay	Cilifaco	B O Dirt		
6. Traf		Flashing S No Passin	-	ow OS	top Sign ailroad Sign		8. Roa	Curve/L	_evel		O Cross	over			V2	O 1	Lane	0	Unpave	h	bead	Noad		
	0 1		9		ield Sign	ı	N C	Straigh	t/Hillcres	st	O Begin	/End Div	vided I	Road						s O No		Gra O Gra	vel	
\	√27. I	Device F	unctionin	ıg? 🔘 Y	O N		C	Curve/0	Grade		One-\	Nay				V31. C	Center Turn	Lane?	O Yes	s O No)	Oth	er - See	Narrative
V33	Tow	-4? (Yes	O No	V34. Autho	nritv·	O 0)wner	O Polic	ne 🔘	Other	V	35. To	wed	Rv·									
				110	VJ4. Autic	ilty.			. 6116		Comme				,									
C1.	Carri	er ID Nui	mber:		C2. A	uthority	,	US DOT		0 9		C	Mex	cico		e	Auto trans Bus<15	sporter				Flatbed Garbage/refu	se	
C3.	Carri	er Name					0	MC		0 (Canada		_			ွှ	Bus 15+ Cargo tan	nk				Grain/chips/g Other	ravel	
L																Carg	Concrete				0	Pole/log		
C4.	Carri	er Addre	:SS										1			0	Dump None				O \	/an/enclosed	l box	
C5.	City						(C6. State	. (C7. Zip (Code		_											
							L								С	10. Co	mmodity Ha	auled						
	C8.	GWWR#															C11. Placa	ard ID						
	q	614	4323	0.2											(C12. H.	AZMAT Rele	eased	O Yes	0	No			

	MUCR	Agency Number Agency Case Nu	nber			\
	Additional Occupants				Page	of
		Occu	pant			
00.	Vehicle # 01. First Name	MI Last Name		Front-Driver	3rd-middle	☐ Shoulder and Lap Belt
				Front-Middle	3rd-right	None None
	Address 03. Address			Front-right 2nd-left	Sleeper of Truck Cab Encl. Pass./Cargo Area	Lap Belt Automated Restraint
Same Perso				2 O 2nd-middle	Unencl. Pass./Cargo Area	Automated Restraint Shoulder Belt
	O4. Citv	O5. State	a	2nd-right	Riding on Exterior	Child Safety Seat
		Unborn	Child 🔲	O 3rd-left	O Towed Vhcl./Trailer	Helmet
* ^	White O Hispanic	Age N O Cition	Not	None O	Life Threatening Dep	loyed - Front O Not Deployed
O8. Sex	S W		Partially	Complaint of Pai	in O Dep	loyed - Side O No Airbag
ô U	F Black O Other			- 2	Killed O Dep	loyed - Both
	=			16. EMS	O17. Medic	
		Not Transported Police Hear By EMS Private Vehicle	٠.	ncy Code	Facility Co	
		Occu	pant			
00.	Vehicle # O1. First Name	_M _ Last Name		O Front-Driver	3rd-middle	Shoulder and Lap Belt
	S. F. J. St. Hallie			Front-Middle	O 3rd-right	None
O2. <i>I</i>	Address O3. Address			Front-right	Sleeper of Truck Cab	Lap Belt
Same Perso	e as			2nd-left 2nd-middle	Encl. Pass./Cargo Area	Automated Restraint
	O4. City	O5. State		2nd-middle 2nd-right	Unencl. Pass./Cargo Area Riding on Exterior	Shoulder Belt Child Safety Seat
_	-	Unborn	Child 🔲	O 3rd-left	Towed Vhcl./Trailer	Helmet
	0 140 1	Age M O Iffor	Not	None O	Life Threatening Dep	loyed - Front O Not Deployed
٧.	M White Hispanic			Complaint of Pai	in Airlos	loyed - Side O No Airbag
8 0	F 8 O Black O Other				4.	loyed - Both
					Killed	
		Not Transported Police Hear By Contract Private Vehicle	01	16. EMS ncy Code	O17. Medio Facility Co	
		Occu	pant			
00	Vehicle # O1. First Name	M Last Name		Front-Driver	3rd-middle	Shoulder and Lap Belt
	Volleto ii Vi. 1 ii st Name	- W Edst Name		Front-Middle	3rd-right	None None
O2. <i>I</i>	Address O3. Address			Front-right	O Sleeper of Truck Cab	E Lap Belt
Same Perso				2nd-left	Encl. Pass./Cargo Area	Automated Restraint
	O4. City	O5. State		2nd-middle 2nd-right	Unencl. Pass./Cargo Area Riding on Exterior	Shoulder Belt Child Safety Seat
_		Unborn	Child 🔲	O 3rd-left	O Towed Vhcl./Trailer	Helmet
	0 0 148.9	Age M O I I I I I I I I I I I I I I I I I I	Not	None O	Life Threatening Dep	loyed - Front O Not Deployed
٧.	M & O White O Hispanic	O10. Age		Complaint of Pai	8	loyed - Side O No Airbag
8 O	F 8 O Black O Other	010. Age O10. Age			4.	loyed - Both
		Not Transported Police Hear		_	<u></u>	
		© EMS Private Vehicle	0.	16. EMS ncy Code	O17. Medic Facility Co	
		Occu	ű	•		
00	Vehicle # O1. First Name	M Last Name		O Front-Driver	3rd-middle	☐ Shoulder and Lap Belt
00.	Venicie # O1. First Name	Last Name		Front-Driver Front-Middle	3rd-right	Shoulder and Lap Bell None
02.4	Address 03. Address			Front-right	 Sleeper of Truck Cab 	Lap Belt
Same	e as			2nd-left	Encl. Pass./Cargo Area	Automated Restraint Shoulder Belt
	O4. City	O5. State		2nd-middle 2nd-right	Unencl. Pass./Cargo AreaRiding on Exterior	Shoulder Belt Child Safety Seat
<u> </u>		Unborn	Child 🔲	O 2na-right O 3rd-left	Towed Vhcl./Trailer	Helmet
		e C P		4)	Life Threatening	loyed - Front O Not Deployed
Sex O	M White Hispanic		Not Partially	Complaint of Pai	Virginia di Companya di Compan	loyed - Side O No Airbag
O8. Sex	F 8 O Black O Other	012. E			4.	•
					Killed Dep	loyed - Both
	6895084358	Not Transported Police Hear		16. EMS ncy Code	O17. Medic Facility Co	